



**NORTH CAROLINA  
ALARM SYSTEMS LICENSING BOARD**

3101 Industrial Drive • Suite 104  
Raleigh, North Carolina 27609  
Phone: (919) 788-5320 • Fax: (919) 788-5365  
E-Mail: [PPSASL@ncdps.gov](mailto:PPSASL@ncdps.gov)  
Web Page: [www.ncdps.gov/ASL](http://www.ncdps.gov/ASL)



**APPLICATION FOR A COMPANY BUSINESS LICENSE**  
(In Accordance with G.S. 74D)

1. Name of firm, association or corporation:  
Ring Protect Inc.

[\*NOTE: Sole Proprietorship companies are not required to obtain the ASL Company Business License]

2. Address of principle place of business:

1523 28th Street Santa Monica Los Angeles County CA 90404  
Street City County State Zip

3. Address of principle place of business in North Carolina:

33 Mary Circle Concord Cabarrus County NC 28025  
Street City County State Zip

4. Mailing Address in North Carolina (if different):

33 Mary Circle Concord Cabarrus County NC 28025  
Post Office Box or Street City County State Zip

5. Name (Title, home and business address of company directors and officers): (Attach additional sheets if necessary)

Name / Title	Business Address & Phone Number	
Malvin Tang	1523 28th Street, Santa Monica, CA 90404; 504-496-0125	Yes.
Leba Shaffer	1523 28th Street, Santa Monica, CA 90404; 504-496-0125	

6. Has any person listed in item 5 ever had a professional or business license denied, suspended or revoked? If yes, list their name(s) and explain details:

No

7. Does any person listed in item 5 have past criminal convictions? If yes, list their name(s) and explain details.

No

8. Is this a North Carolina company or out-of-state company? NC Company ☒ Out-of-State

9. If out-of-state, is the Certificate of Authority to transact business in North Carolina issued by the North Carolina Secretary of State attached? ☒ Yes ☐ No



**NORTH CAROLINA  
ALARM SYSTEMS LICENSING BOARD**

4901 Glenwood Avenue • Suite 200

Raleigh, North Carolina 27612

Phone: (919) 788-5320 • Fax: (919) 788-5365

E-Mail: PPSASL@ncdoj.gov

Web Page: [www.ncdoj.gov/ASL.aspx](http://www.ncdoj.gov/ASL.aspx)



**DESIGNATION OF QUALIFYING AGENT**

(Check what is applicable to the company)

☒ **QUALIFYING AGENT** (Must be completed by both in-state and out-of-state companies)

☒ **APPOINTMENT OF A RESIDENT AGENT FOR SERVICE OF PROCESS** (Must be completed by out-of-state companies only)

**BUSINESS NAME:** Ring Protect Inc.

**ADDRESS:** 33 Mary Circle Concord Cabarrus County NC 28025

Street City County State Zip

**QUALIFYING AGENT**

**NAME:** George Bish

**ADDRESS:**

Street City County State Zip

THE ABOVE NAMED LICENSEE SHALL SERVE AS THE QUALIFYING AGENT FOR THE ABOVE INDICATED COMPANY IN ACCORDANCE WITH NORTH CAROLINA GENERAL STATUTE 74C-8(c).

IF THIS DESIGNATED QUALIFYING AGENT CEASES TO PERFORM HIS/HER DUTIES, THE ABOVE NAMED BUSINESS WILL NOTIFY THE PRIVATE PROTECTIVE SERVICES BOARD WITHIN TEN (10) DAYS AND A NEW DESIGNATED RESIDENT QUALIFYING AGENT WILL BE OBTAINED WITHIN THIRTY (30) DAYS UNLESS THE BOARD EXTENDS THIS PERIOD FOR GOOD CAUSE IN ACCORDANCE WITH NCGS 74C-8(c).

**DESIGNATION OF RESIDENT AGENT** (Out-of-State Companies are required to have an in-state resident agent for service of process)

THE ABOVE NAMED COMPANY DOES HEREBY APPOINT George Bish

33 Mary Circle

Concord

(Name)

28025

(Street Address)

(City)

(Zip)

A RESIDENT OF Cabarrus COUNTY, STATE OF NORTH CAROLINA, AS THE RESIDENT AGENT BY THE PRIVATE PROTECTIVE SERVICES BOARD. THIS THE 3 DAY OF July, 2017.

PRESIDENT, CEO, or AUTHORIZED AGENT:

Leila Povhi

NAME (Type or Print)

SIGNATURE

I HAVE READ THE ABOVE DOCUMENT AND DO AGREE TO SERVE AS THE DESIGNATED QUALIFYING AGENT OR RESIDENT AGENT FOR THE ABOVE CAPTIONED BUSINESS.

**QUALIFYING AGENT:**

George Bish

NAME (Type or Print)

**RESIDENT AGENT:** (Out-of-state companies only)

George Bish

NAME (Type or Print)

TELEPHONE NUMBER: (704) 784-4776

TELEPHONE NUMBER: (704) 784-4776



**NORTH CAROLINA  
ALARM SYSTEMS LICENSING BOARD**

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**DESIGNATION OF QUALIFYING AGENT**

(Check what is applicable to the company)

X

QUALIFYING AGENT (Must be completed by both in-state and out-of-state companies)

X

APPOINTMENT OF A RESIDENT AGENT FOR SERVICE OF PROCESS (Must be completed by out-of-state companies only)

BUSINESS NAME: Ring Protect Inc.

ADDRESS: 1623 26th Street

Santa Monica

Los Angeles County CA

90404

Street

City

County

State

Zip

I.

QUALIFYING AGENT

NAME: George Bish

ADDRESS:

Street

City

County

State

Zip

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II.

DESIGNATION OF RESIDENT AGENT [Out-of-State Companies are required to have an in-state resident agent for service of process]

George Bish

(Street Address)

(City)

(Zip)

A RESIDENT OF Cabarrus COUNTY, STATE OF NORTH CAROLINA, AS THE RESIDENT AGENT BY THE PRIVATE PROTECTIVE SERVICES BOARD. THIS THE 3 DAY OF July, 20 17.

PRESIDENT, CEO, or AUTHORIZED AGENT:

Leila Pothi

NAME (Type or Print)

SIGNATURE

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QUALIFYING AGENT:

George Bish

NAME (Type or Print)

RESIDENT AGENT: (Out-of-state companies only)

George Bish

NAME (Type or Print)

TELEPHONE NUMBER: (704) 784-4776

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TELEPHONE NUMBER: (704) 784-4776

10. If your business is incorporated, attach a copy of the Articles of Incorporation. Please note any changes since the charter was filed.

11. Who is (are) the alarm systems business licensee(s) and qualifying agent(s) for this company?

George Bish

12. What management position does each qualifying agent hold with this company?

Director of Licensing and Compliance

13. Does (do) the qualifying agent(s) exercise direct control and supervision of the employees registered under their license(s)?  
☒ Yes ☐ No

14. Describe the supervisory duties and responsibilities of the qualifying agent:

Responsible for insuring that the company is properly licensed to provide security services.

15. Do the directors and the officers understand this is an application for a company business license and that it will not grant a license to any individual? ☒ Yes ☐ No

16. If the licensee/qualifying agent for the corporation is not a resident of North Carolina, a resident agent for service of process must be designated on a form provided by the Board. If this is the case, does the CEO/President/Owner understand that the company business license must be conspicuously displayed at the location of the "resident agent"? ☒ Yes ☐ No

17. Does the CEO/President/Owner clearly understand that the designated qualifying agent is responsible for the company complying with the Alarm Systems Licensing Act, General Statute 74D, and that failure of the company to fully comply may result in the revocation of this company license? ☒ Yes ☐ No

Melvin Tang  
Printed Name of CEO/President /Owner

[Signature]  
Signature

6/15/17  
Date

George Bish  
Printed Name of Licensee

[Signature]  
Signature

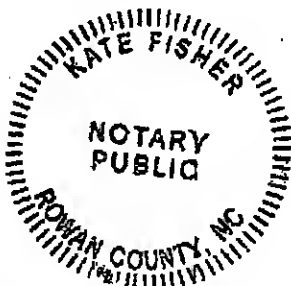
6/15/17  
Date

SWORN AND SUBSCRIBED TO BEFORE ME THIS

The 15 day of June, 20 17

Kate Fisher  
Notary Public

My Commission Expires: 2/8/2019





**NORTH CAROLINA  
ALARM SYSTEMS LICENSING BOARD**

3101 Industrial Drive • Suite 104  
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5. Name / Title, home and business address of company directors and officers: (Attach additional sheets if necessary).

Name / Title	Business Address & Phone Number	Home Address & Phone Number
Meivin Tang	1623 26th Street, Santa Monica, CA 90404; 504-496-0125	
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Melvin Tang  
Printed Name of CEO/President /Owner

[Signature]  
Signature

6/15/17  
Date

George Bish  
Printed Name of Licensee

[Signature]  
Signature

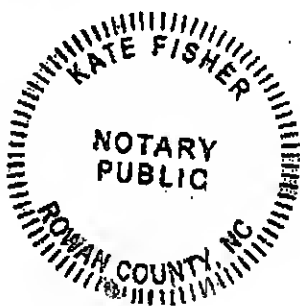
6/15/17  
Date

SWORN AND SUBSCRIBED TO BEFORE ME THIS

The 15 day of June, 20 17

Kate Fisher  
Notary Public

My Commission Expires: 2/8/2019



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# NORTH CAROLINA

## Department of the Secretary of State

### CERTIFICATE OF AUTHORITY

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

**RING PROTECT INC.**

having filed on this date an application conforming to the requirements of the General Statutes of North Carolina, a copy of which is hereto attached, is hereby granted authority to transact business in the State of North Carolina.

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Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 22nd day of June, 2017.

*Elaine F. Marshall*

Secretary of State

Document Id: C201716600881  
Verify this certificate online at <http://www.sosnc.gov/verification>



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/26/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> JLT Specialty USA 555 W. 5th Street, Suite 670 Los Angeles, CA 90013  www.jltus.com	<b>CONTACT NAME:</b> Rebecca K. Harris <b>PHONE (A/C No. Ext.):</b> 213-358-2152 <b>FAX (A/C No.):</b> <b>E-MAIL ADDRESS:</b> rebecca.harris@jltus.com <b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Travelers Property Casualty Co of Amer <b>INSURER B:</b> Indian Harbor Insurance Company <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
<b>INSURED</b> Ring Protect Inc. 1523 26th Street Santa Monica CA 90404	<b>NAIC #</b> 25674 36940

**COVERAGES**

CERTIFICATE NUMBER: 36350233

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADD'L SUBR RSTD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		ZPP-15T63907-16-15	11/1/2016	11/1/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		BA-9H015196-16-TEC	11/1/2016	11/1/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per acc/limit) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OEO <input type="checkbox"/> RETENTION \$		ZUP-81M69586-16-15	11/1/2016	11/1/2017	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Foreign Liability		ZPP21N82359	11/1/2016	11/1/2017	Each Occurrence Limit: \$2,000,000 General Aggregate: \$2,000,000 Each Wrongful Act: \$2,000,000 SIR: \$100,000
B	Errors and Omissions		MTP 6034366	12/19/2016	4/25/2018	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**EVIDENCE OF INSURANCE**

NC Department of Justice, Alarm Systems Licensing Board, 3101 Industrial Drive, Suite 104, Raleigh, NC 27606

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**CERTIFICATE HOLDER****CANCELLATION**NC Department of Justice  
Alarm Systems Licensing Board  
3101 Industrial Drive, Suite 104  
Raleigh NC 27609

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Rebecca Harris

*RKH*

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ACORD 25 (2016/03)

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# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT COPIES OF ALL DOCUMENTS ON FILE OF "RING PROTECT INC." AS RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF INCORPORATION, FILED THE NINETEENTH DAY OF MAY, A.D. 2017, AT 1:17 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID CORPORATION, "RING PROTECT INC.".

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6391518 8100H  
SR# 20174677554

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202685155  
Date: 06-09-17

**CERTIFICATE OF INCORPORATION**

**OF**

**RING PROTECT INC.**

**FIRST**

The name of the corporation (the "Corporation") is Ring Protect Inc.

**SECOND**

The registered address of the Corporation in the State of Delaware is c/o Corporation Service Company, 2711 Centerville Road, Suite 400, in the City of Wilmington, County of New Castle, 19808. The name of the Corporation's registered agent at that address is Corporation Service Company. The principal office of the Corporation is 2711 Centerville Road, Suite 400, in the City of Wilmington, County of New Castle, Delaware 19808.

**THIRD**

The purpose of the Corporation is to engage in any lawful act or activity for which a corporation may be organized under the General Corporation Law of the State of Delaware, as the same exists or may hereafter be amended ("DGCL") or any successor statute.

**FOURTH**

The total number of shares of all classes of stock that the Corporation shall have authority to issue is One Thousand (1,000) shares, all of which are Common Stock, with a par value of \$0.0001.

**FIFTH**

The name and mailing address of the sole incorporator is:

Rebecca Marquez  
1523 26<sup>th</sup> Street  
Santa Monica, CA 90404

**SIXTH**

In furtherance and not in limitation of the powers conferred by statute, the Board of Directors is expressly authorized to adopt, alter, amend or repeal the bylaws of the Corporation.

**SEVENTH**

Election of directors need not be by written ballot unless the bylaws of the Corporation shall so provide.

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 01:17 PM 05/19/2017  
FILED 01:17 PM 05/19/2017  
SR 20173755155 - FileNumber 6420144

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## EIGHTH

A director of this Corporation shall not be liable to the Corporation or its stockholders for monetary damages for breach of fiduciary duty as a director, except to the extent that exculpation from liability is not permitted under DGCL as in effect at the time such liability is determined. No amendment or repeal of this Article EIGHTH shall apply to or have any effect on the liability or alleged liability of any director of the Corporation for or with respect to any acts or omissions of such director occurring prior to such amendment or repeal.

## NINTH

(A) The Corporation shall indemnify its directors and officers to the fullest extent authorized or permitted by the DGCL, and such right to indemnification shall continue as to a person who has ceased to be director or officer of the Corporation and shall inure to the benefit of his or her heirs, executors and administrators; provided, however, that, except for proceedings to enforce rights to indemnification, the Corporation shall not be obligated to indemnify any director or officer (or his or her heirs, executors or administrators) in connection with a proceeding (or part thereof) initiated by such person unless such proceeding (or part thereof) was authorized by the Board of Directors of the Corporation. The right to indemnification conferred in this paragraph shall be a contract right and shall include the right to be paid by the Corporation the expenses incurred in defending or otherwise participating in any proceeding in advance of its final disposition.

(B) The Corporation shall have the express authority to enter into such agreements as the Board of Directors deems appropriate for the indemnification of directors and officers of the Corporation. Such agreements may contain provisions relating to, among other things, the advancement of expenses, a person's right to bring suit against the Corporation to enforce his or her right to indemnification, the establishment of a trust to assure the availability of funds to satisfy the Corporation's indemnification obligations to such person and other matters as the Board of Directors deems appropriate or advisable.

(C) The rights to indemnification and to the advancement of expenses conferred in this Article NINTH shall not be exclusive of any other right which any person may have or hereafter acquire under this Certificate of Incorporation, the bylaws of the Corporation, any statute, agreement, vote of stockholders or disinterested directors or otherwise.

(D) The Corporation may maintain insurance, at its expense, to protect itself and any director, officer, employee or agent of the Corporation or another corporation, partnership, joint venture, trust, employee benefit plan or other enterprise against any expense, liability or loss, whether or not the Corporation would have the power to indemnify such person against such expense, liability or loss under the DGCL.

(E) Any repeal or modification of the foregoing provisions of this Article NINTH shall not adversely affect any right or protection of a director or officer of the Corporation, or other person indemnified by the Corporation, with respect to any acts or omissions of such director, officer or other person existing at the time of such repeal or modification.

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TENTH

Subject to such limitations as may be from time to time imposed by other provisions of this Certificate of Incorporation, by the bylaws of the Corporation, by the DGCL or other applicable law, or by any contract or agreement to which the Corporation is or may become a party, the Corporation reserves the right to amend or repeal any provision contained in this Certificate of Incorporation, in the manner now or hereafter prescribed by statute, and all rights conferred upon stockholders herein are granted subject to this express reservation.

*(signature page follows)*

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I, **THE UNDERSIGNED**, being the sole incorporator hereinbefore named, for the purpose of forming a corporation pursuant to the General Corporation Law of the State of Delaware, do make this certificate, herein declaring and certifying that this is my act and deed and the facts herein stated are true, and accordingly have hereunto set my hand this 19<sup>th</sup> day of May, 2017.

/s/ Rebecca Marquez

Rebecca Marquez, Sole Incorporator

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# All-purpose Acknowledgment

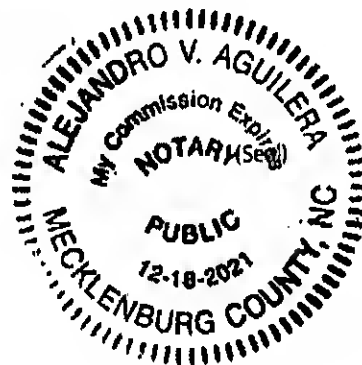
STATE OF North Carolina COUNTY OF Mecklenburg

On 27 June 2017 before me, the undersigned, a Notary Public  
in and for said State, personally appeared

☐ personally known to me -OR- ☒ proved to me on the basis of satisfactory evidence/ to be the person(s)  
whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they  
executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the  
instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature Alejandro V. Aguilera  
Name (type or printed) Alejandro V. Aguilera  
My commission expires: 12-18-2021



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JUL 10 2017

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LICENSE NUMBER  
13717-SP-FA/LV

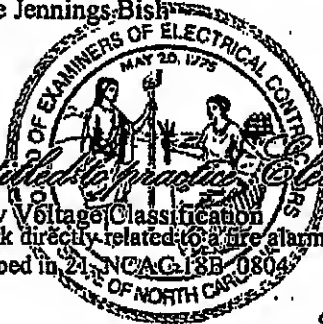
STATE OF NORTH CAROLINA  
BOARD OF EXAMINERS OF ELECTRICAL CONTRACTORS

EXPIRATION DATE  
12/01/2017

**THIS IS TO CERTIFY THAT:**

George J. Bish

Qualifiers: George Jennings-Bish



*is duly registered and entitled to practice Electrical Contracting in the*  
Special Restricted Fire Alarm/Low Voltage Classification  
Limitation: Limited to electrical work directly related to a fire alarm, burglar alarm or low  
voltage system installation as prescribed in 21 NCAC 18B-0804

George J. Bish  
33 Mary Circle  
Concord, NC 28025

*Witness our hands and seal of the Board*

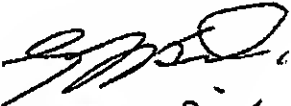
*[Signature]*  
Chairman  
*[Signature]*  
Secretary - Treasurer

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JUL 10 2017  
PPS/ASL

George Bish

Work [George.bish@ring.com](mailto:George.bish@ring.com)

Last day worked at Mastec - May 19, 2017

  
George Bish

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JUL 24 2017

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~~RECEIVED~~

~~JUL 22 2017~~

~~PPS/ASL~~



TYPE OR PRINT IN BLACK INK.

STATE OF NORTH CAROLINA

CABARRUS County

In The General Court Of Justice  
Before The Clerk

IN THE MATTER OF:

Name(s) By Which Individual To Be Searched May Be Known

GEORGE JENNINGS BISH

CRIMINAL RECORD SEARCH

G.S. 7A-109, -308(a)(17), -343(3)

☐ For DMV Hearing

REQUEST FOR CERTIFIED CRIMINAL RECORD SEARCH

I request that the Clerk of Superior Court conduct a search of the official records of the criminal cases in the courts of the county named above and certify the results of that search for the name(s) listed above. In making this request I understand and acknowledge that:

1. THE CLERK WILL SEARCH THE COURT RECORDS FOR ONLY THE COUNTY NAMED ABOVE. THIS IS NOT A STATEWIDE RECORD SEARCH.
2. Court records are indexed by name only and not by any other identifying characteristics.
3. The name(s) listed above are all the names by which, to my knowledge, the individual for whom I am requesting this search may be known.
4. The Clerk will search for records under all those names, but only for records under those names.
5. The fact that no criminal record is found under any of those names does not mean that the individual does not have a record in this county; the individual may have a record under another name.
6. The fact that a criminal record is found under one or more of those names does not mean that the record is a record for the individual for whom I am requesting this search; the record may be that of another individual with the same or a similar name.
7. I am solely responsible for any interpretation and use I make of the results of this search and I understand the Clerk is not responsible for my interpretation or use of the results.

Name And Address Of Requestor (including City, State And Zip Code)

Signature Of Requestor

CERTIFICATION

This is to certify that I have searched the indices to criminal actions in this office from FEBRUARY 1985 to the present and

- ☐ I have found that no record was indexed by the name(s) given above.
- ☒ I have found the following excerpt(s) from the public records indexed by the name(s) given above as appears in the attached \_\_\_\_\_ page(s).
- ☐ This search is limited as follows: \_\_\_\_\_

Some automated system information code definitions are included on the back of this form to help you understand the record(s) that may be attached to this form.

Not Valid Without The  
Clerk Of Superior Court's Raised Seal  
On Each Page

Date Of Search

07-12-2017

Signature

☒ Deputy CSC

☐ Assistant CSC

☐ Clerk Of Superior Court

NOTE: "Any person who without lawful authority intentionally ... alters or changes any ... official case record is guilty of a Class H felony." G.S. 14-221.2.

JUL 24 2017

PPS/ASL

# SYSTEM CODE DEFINITIONS

ADA	- Assistant District Attorney
Appealed to S.C.	- Appealed To Superior Court From District Court
CR	- A Case Type Meaning Criminal District Court
CRS	- A Case Type Meaning Criminal Superior Court
CV	- Change Of Venue (To Another County)
DA	- District Attorney
DC	- Dismissed By Court (Judge)
DD	- Dismissal - Deferred Prosecution
(F)	- Felony Offense
FE	- Extradition Hearing By Judge
GL	- A Plea Or Finding Of Guilty To A Lesser Or Other Offense
GU	- A Plea Or Finding Of Guilty To The Offense
HC	- Habeas Corpus Hearing
(I)	- Infraction (Non-Criminal Offense)
JA	- Judgment Arrested
JR	- Jury Trial (Jury Impaneled In Case)
JU	- Disposed By A Judge
LID	- A Local Identification Number Issued By Local Law Enforcement Officials
(M)	- Misdemeanor Offense
MA	- Disposed By A Magistrate
NB	- No True Bill Returned By Grand Jury
NC	- No Contest
NG	- Not Guilty
NP	- No Probable Cause
NR	- Not Responsible
NS	- Process Never To Be Served (Recalled, Etc.)
OF	- Offense Date
OT	- Other
PC	- Probable Cause Found By Judge (Transfer To Superior Court)
PJ	- Prayer For Judgment Continued
PO	- Process/Probation Other
PR	- Process/Probation Revoked
PROB	- Refers To Probation, Either None, Or Supervised Or Unsupervised And Length In Days, Months Or Years
REST	- Amount Of Restitution Ordered By The Court
RL	- A Plea Or Finding Of Responsible To A Lesser Or Other Infraction Offense
RM	- Remanded To District Court
RS	- A Plea Or Finding Of Responsible To Infraction Offense
SENT	- Sentence Length Imposed In Months, Days, Years, Life Or Death (X)
SI	- Superseding Indictment (Indicted By Grand Jury) Or Other Superseding Process
SPEC COND	- Miscellaneous Notes Added By The Clerk
ST	- Dismissed By Court - Speedy Trial Rule
(T)	- Traffic (Misdemeanor Traffic Offense)
TD	- Class H Or I Felony Transferred From Superior Court To District Court
Transferred to S.C.	- Transferred To Superior Court
TYPE	- Active (Jail/Prison Time), Intermediate (Supervised Probation Plus Certain Additional Conditions) Or Community (Supervised Probation, Unsupervised Probation, Fine)
VD	- Voluntarily Dismissed Without Leave (Dismissed By DA)
VL	- Voluntarily Dismissed With Leave (Offense Subject To Reinstatement)
WC	- Waiver Before The Clerk
WD	- Withdrawn From Superior Court
WE	- Waiver Of Extradition
WM	- Waiver Before Magistrate
WP	- Waiver Of Probable Cause Hearing In District Court (Transfer To Superior Court)
X	- A Sentence Of Death

120 CABARRUS  
071217 CRIMINAL CHECK- PENDING--DISPOSED--MOTOR V.--UNSERVED--CONVICTED  
CRITERIA- NAME: BISH,GEORGE,JENNINGS? R=RACE: S=SEX: DOB:

BISH,GEORGE,JENNINGS 33 MARY CIR S=M R=W 3CR 008735  
OF:050603 (T) SPEEDING 063 IN 45 ZONE CHARGED CR  
(I) IMPROPER EQUIP - SPEEDOMETER RESP LESSER OFFENSE 062003  
FINE/COSTS\$ 125.00 REST\$ SENT: - TYPE: PROB:NONE PAID  
SPEC. COND: ST ACC.WGH

BISH,GEORGE,JENNINGS 33 MARY CIR S=M R 07CR 010155  
OF:070607 (T) SPEEDING 051 IN 35 ZONE CHARGED CR  
(I) IMPROPER EQUIP - SPEEDOMETER RESP LESSER OFFENSE 092107  
FINE/COSTS\$ 145.00 REST\$ SENT: - TYPE: PROB:NONE PAID

|OF:OFFENSE DATE|DOB=BIRTH|(M)MISD|(F)FELONY|(T)TRAFFIC|

\*END\*

RECEIVED

JUL 22 2017

PPS/ASL

RECEIVED

JUL 24 2017

PPS/ASL



**NORTH CAROLINA  
ALARM SYSTEMS LICENSING BOARD**

3101 Industrial Drive • Suite 104  
Raleigh, North Carolina 27609  
Phone: (919) 788-5320 • Fax: (919) 788-5365  
E-Mail: [PPSASL@ncdps.gov](mailto:PPSASL@ncdps.gov)  
Web Page: [www.ncdps.gov/ASL.aspx](http://www.ncdps.gov/ASL.aspx)



**LICENSE APPLICANT**  
**FINANCIAL RESPONSIBILITY LIABILITY INSURANCE CERTIFICATE**

THIS IS TO CERTIFY THAT: ZURICH AMERICAN INSURANCE COMPANY

(INSURANCE COMPANY)

MAILING ADDRESS: 1299 ZURICH WAY SCHAUMBURG IL 60196

(Po Box or Street)

(City)

(State)

(Zip)

HAS REVIEWED NORTH CAROLINA GENERAL STATUTE 740-9(d),(e) & (f), AND HAS ISSUED AND HAS COVERAGE FOR:

NAME OF LICENSEE: George Bish

HOME /

(Po Box or Street)

(City)

(State)

(County)

(Zip)

COMPANY BUSINESS NAME: Ring Protect Inc.

MAILING ADDRESS: 1523 26th Street Santa Monica CA 90404

(Po Box or Street)

(City)

(State)

(Zip)

...AN INSURANCE POLICY PROVIDING AT LEAST THE FOLLOWING MINIMUM LIMITS OF PUBLIC LIABILITY COVERAGE, AS AUTHORIZED BY O.S. 740-9(d) OBLIGATED TO PAY AS A RESULT OF THE NEGLIGENT ACT OR ACTS OF THE PRINCIPAL INSURER OR HIS AGENTS OPERATING IN THE COURSE AND SCOPE OF THEIR AGENCY: BODILY INJURIES - \$50,000 FOR ONE PERSON AND \$100,000 FOR TWO OR MORE PERSONS, EACH OCCURRENCE; PROPERTY DAMAGE - \$20,000 EACH OCCURRENCE.

THE INSURANCE OR SURETY COMPANY SHALL GIVE AT LEAST THIRTY (30) DAYS WRITTEN NOTICE BY REGISTERED MAIL TO THE ALARM SYSTEMS LICENSING BOARD, 3101 INDUSTRIAL DRIVE, STE 104, RALEIGH, NORTH CAROLINA 27609, AS A CONDITION PRECEDENT TO THE CANCELLATION, MATERIAL CHANGE, OR CANCELLATION BY THE INSURED; AND, IF SUCH CONDITION IS NOT SATISFIED, ANY CANCELLATION OR ATTEMPTED CANCELLATION SHALL BE NULL, VOID, AND OF NO EFFECT.

THIS CERTIFICATE FOR POLICY NUMBER: GLO 7367714-00

IS EFFECTIVE FROM JANUARY 1ST, 20 19 TO JANUARY 1ST, 20 20

**AUTHORIZATION**

INSURANCE AGENT PRINTED NAME Todd Slattery SIGNATURE Todd Slattery INSURANCE LICENSE NUMBER

INSURANCE AGENCY NAME: Zurich American Insurance Company PHONE NUMBER: (800) 382-2150  
AGENCY ADDRESS: 1299 Zurich Way Schaumburg IL Cooke 60196  
(Po Box or Street) (City) (State) (County) (Zip)

THE ABOVE WAS SWORN AND SUBSCRIBED TO BEFORE ME THIS

The \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_

Notary Public

My Commission Expires: \_\_\_\_\_

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California  
County of San Francisco

Subscribed and sworn to (or affirmed) before me on this 14th  
day of August, 2019, by Todd Statten

proved to me on the basis of satisfactory evidence to be the  
person(s) who appeared before me.



(Seal)

Signature

Shannon Artherton



# NORTH CAROLINA ALARM SYSTEMS LICENSING BOARD

3101 Industrial Drive • Suite 104  
Raleigh, North Carolina 27609  
Phone: (919) 788-5320 • Fax: (919) 788-5365  
E-Mail: [PPSASL@ncdps.gov](mailto:PPSASL@ncdps.gov)  
Web Page: [www.ncdps.gov/ASL.aspx](http://www.ncdps.gov/ASL.aspx)



## LICENSE APPLICANT FINANCIAL RESPONSIBILITY LIABILITY INSURANCE CERTIFICATE

THIS IS TO CERTIFY THAT: Travelers Property Casualty Co of America

(INSURANCE COMPANY)

MAILING ADDRESS: One Tower Square Hartford CT 06183  
(Po Box or Street) (City) (State) (Zip)

HAS REVIEWED NORTH CAROLINA GENERAL STATUTE 74D-9(d),(e) & (f), AND HAS ISSUED AND HAS COVERAGE FOR:

NAME OF LICENSER: George Jennings Bish

HOME ADDRESS: \_\_\_\_\_  
(Po Box or Street) (City) (State) (County) (Zip)

COMPANY BUSINESS NAME: Ring Protect Inc.

MAILING ADDRESS: 33 Mary Circle Concord NC 28025  
(Po Box or Street) (City) (State) (Zip)

...AN INSURANCE POLICY PROVIDING AT LEAST THE FOLLOWING MINIMUM LIMITS OF PUBLIC LIABILITY COVERAGE, AS AUTHORIZED BY G.S. 74D-9(d) OBLIGATED TO PAY AS A RESULT OF THE NEGLIGENT ACT OR ACTS OF THE PROPRIETOR INSURED OR HIS AGENTS OPERATING IN THE COURSE AND SCOPE OF THEIR AGENCY: BODILY INJURIES - \$50,000 FOR ONE PERSON AND \$100,000 FOR TWO OR MORE PERSONS, EACH OCCURRENCE; PROPERTY DAMAGE - \$20,000 EACH OCCURRENCE.

THE INSURANCE OR SURETY COMPANY SHALL GIVE AT LEAST THIRTY (30) DAYS WRITTEN NOTICE BY REGISTERED MAIL TO THE ALARM SYSTEMS LICENSING BOARD, 4901 GLENWOOD AVENUE, STE 200, RALEIGH, NORTH CAROLINA 27612, AS A CONDITION PRECEDENT TO THE CANCELLATION, MATERIAL CHANGE, OR CANCELLATION BY THE INSURED; AND IF SUCH CONDITION IS NOT SATISFIED, ANY CANCELLATION OR ATTEMPTED CANCELLATION SHALL BE NULL AND VOID AND OF NO EFFECT.

THIS CERTIFICATE FOR POLICY NUMBER: ZPP-15T63907-15-15

IS EFFECTIVE FROM November 1, 20 16 TO November 1, 20 17

### AUTHORIZATION

Rebecca K. Harris

*Rebecca K. Harris*

CA License #OK67964

INSURANCE AGENT PRINTED NAME

SIGNATURE

INSURANCE LICENSE NUMBER

INSURANCE AGENCY NAME: JLT Specialty Insurance USA

PHONE NUMBER: (213) 358-2152

AGENCY ADDRESS: 555 W 5th Street, Suite 670 Los Angeles

CA Los Angeles 90013

(Po Box or Street)

(City)

(State)

(County)

(Zip)

THE ABOVE WAS SWORN AND SUBSCRIBED TO BEFORE ME THIS

The \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_\_

Notary Public

My Commission Expires: \_\_\_\_\_

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA COUNTY OF LOS ANGELES  
Subscribed and sworn to (or affirmed) before me on this 14th day of July, 20 17 by Rebecca K. Harris

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

*ROCK*  
(Signature of Notary)





# NORTH CAROLINA ALARM SYSTEMS LICENSING BOARD

4901 Glenwood Avenue • Suite 200  
Raleigh, North Carolina 27612  
Phone: (919) 788-5320 • Fax: (919) 788-5365  
E-Mail: [PPSASL@ncdoj.gov](mailto:PPSASL@ncdoj.gov)  
Web Page: [www.ncdoj.gov/ASL.aspx](http://www.ncdoj.gov/ASL.aspx)



## LICENSE APPLICANT

### FINANCIAL RESPONSIBILITY LIABILITY INSURANCE CERTIFICATE

THIS IS TO CERTIFY THAT: Travelers Property Casualty Co of America

(INSURANCE COMPANY)

MAILING ADDRESS: One Tower Square      Hartford      CT      06183  
(Po Box or Street)      (City)      (State)      (Zip)

HAS REVIEWED NORTH CAROLINA GENERAL STATUTE 74D-9(d),(e) & (f), AND HAS ISSUED AND HAS COVERAGE FOR:

NAME OF LICENSEE: Ring Protect Inc.

HOME ADDRESS: 1523 26th Street      Santa Monica      CA      Los Angeles      90404  
(Po Box or Street)      (City)      (State)      (County)      (Zip)

COMPANY BUSINESS NAME: Bot Home Automation, Inc. / Ring Protect Inc.

MAILING ADDRESS: 1523 26th Street      Santa Monica      CA      Los Angeles      90404  
(Po Box or Street)      (City)      (State)      (County)      (Zip)

...AN INSURANCE POLICY PROVIDING AT LEAST THE FOLLOWING MINIMUM LIMITS OF PUBLIC LIABILITY COVERAGE, AS AUTHORIZED BY G.S. 74D-9(d) OBLIGATED TO PAY AS A RESULT OF THE NEGLIGENT ACT OR ACTS OF THE PRINCIPAL INSURED OR HIS AGENTS OPERATING IN THE COURSE AND SCOPE OF THEIR AGENCY: BODILY INJURIES - \$50,000 FOR ONE PERSON AND \$100,000 FOR TWO OR MORE PERSONS, EACH OCCURRENCE; PROPERTY DAMAGE - \$20,000 EACH OCCURRENCE.

THE INSURANCE OR SURETY COMPANY SHALL GIVE AT LEAST THIRTY (30) DAYS WRITTEN NOTICE BY REGISTERED MAIL TO THE ALARM SYSTEMS LICENSING BOARD, 4901 GLENWOOD AVENUE, STE 200, RALEIGH NORTH CAROLINA 27612, AS A CONDITION PRECEDENT TO THE CANCELLATION, MATERIAL CHANGE, OR CANCELLATION BY THE INSURED; AND, IF SUCH CONDITION IS NOT SATISFIED, ANY CANCELLATION OR ATTEMPTED CANCELLATION SHALL BE NULL, VOID, AND OF NO EFFECT.

THIS CERTIFICATE FOR POLICY NUMBER: ZPP-15T63907-15-15

IS EFFECTIVE FROM November 9, 2016 TO November 9, 2017

#### AUTHORIZATION

Rebecca K. Harris 06/24/2017 *Rebecca K. Harris* CA License #0K67954

INSURANCE AGENT PRINTED NAME      SIGNATURE      INSURANCE LICENSE NUMBER  
INSURANCE AGENCY NAME: JLT Specialty Insurance USA      PHONE NUMBER: (213) 358-2152  
AGENCY ADDRESS: 555 W. 5th Street, Suite 670      Los Angeles      CA      Los Angeles      90013  
(Po Box or Street)      (City)      (State)      (County)      (Zip)

THE ABOVE WAS SWORN AND SUBSCRIBED TO BEFORE ME THIS

The \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_

Notary Public

**RECEIVED**

My Commission Expires: \_\_\_\_\_

JUL 10 2017

PPS/ASL

Please see attached  
Notarial Certificate  
for Notarization.

Muthiah Nachiappan  
Notary Public

CALIFORNIA JURAT

CIVIL CODE § 8202

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

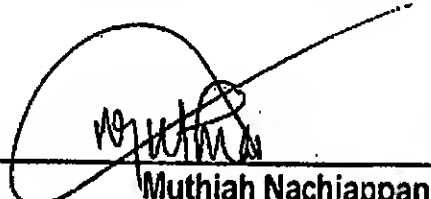
State of California

County of Los Angeles

Subscribed and sworn to (or affirmed) before me on this 26<sup>th</sup> day of June 2017, by Rebecca K. Harris, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



Signature

  
Muthiah Nachiappan  
Notary Public

OPTIONAL

*Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.*

Description of Attached Document

Title or Type of Document: Financial Responsibility Liability Insurance Certificate

Document Date: 6/26/17

Number of Pages: 1

Signer(s) Other Than Named Above: None

Capacity(ies) Claimed by Signer

Signer's Name: Rebecca K. Harris

- ☒ Individual  
☐ Corporate Officer - Title(s): \_\_\_\_\_  
☐ Partner - Limited General  
☐ Attorney In Fact  
☐ Trustee  
☐ Guardian or Conservator  
☐ Other: \_\_\_\_\_

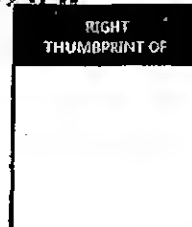
Signer Is Representing: Self

RECEIVED

JUL 10 2017

PPS/ASI

RIGHT  
THUMBPRINT OF







**NORTH CAROLINA  
ALARM SYSTEMS LICENSING BOARD**

401 CLENNOWS AVENUE  
SUITE 200  
RACINE, N.C. 27653-0000  
(919) 789-6320  
FAX (919) 789-6320  
Email: [ASLB@ncslb.com](mailto:ASLB@ncslb.com)



Web Page:  
[www.ncslb.com](http://www.ncslb.com)

**Attendance Certification**

This course has been accepted by the  
North Carolina Alarm Systems Licensing Board  
to meet continuing education requirements for license and  
registration renewal.

Course Name:

**Output Device Proficiency**

Course Number: ASLB-15-252

Date of Course: 5/13/17

Control Number: 0-000-004-040

To be completed by course sponsor

Credit Hours: 1 (not in excess of 6.0)

Person Taking Course: George B. Smith  
Instructor or Sponsor

I hereby certify that the person, whose name appears on this attendance  
certificate, completed the above indicated course.

Instructor's Name: Kaleb Brubaker

Certification Number: 175-CEA

Signature of Instructor: [Signature]

Date: 7/14/17

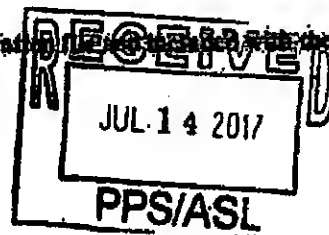
To be completed by participant

Signature of Participant: [Signature]

License Number or Social Security Number:

521-6518

This certification must be kept by the employer to the employer's information and used to document their license or  
registration renewal.





**NORTH CAROLINA  
ALARM SYSTEMS LICENSING BOARD**

1001 GLENWOOD AVENUE  
SUITE 200  
RALEIGH, NC 27602-0001  
(919) 780-9329  
FAX (919) 780-9325  
WWW.PPS/ASLB.ORG



Web Page:  
www.ncslg.com

**Attendance Certification**

This course has been accepted by the  
North Carolina Alarm Systems Licensing Board  
to meet continuing education requirements for license and  
registration renewal.

Course Name: **An Advanced Perspective of System Programming**

Course Number: **ASLB-17-247**

Date of Course: **5/8/2017**

Control Number: **0-000-004-048**

**To be completed by course sponsor:**

Credit Hours: 1 (not to exceed 6.00)

Person Taking Course: George Bass  
(printed or typed)

I hereby certify that the person, whose name appears on this attendance  
certificate, completed the above indicated course.

Instructor's Name: Kelvin Brathwaite

Certification Number: 175-CEA

Signature of Instructor: [Signature]

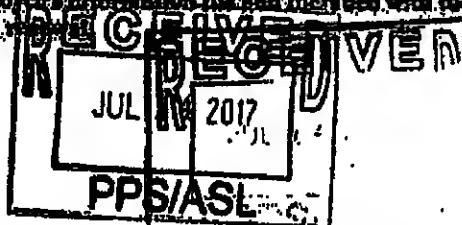
Date: 7/14/17

**To be completed by participant:**

Signature of Participant: [Signature]

License Number or Social Security Number: 521-6519

This certification must be kept by the employer in the employer's information file and included with their license or  
registration renewal.





**NORTH CAROLINA  
ALARM SYSTEMS LICENSING BOARD**

4801 BLENWOOD AVENUE  
SUITE 200  
RALEIGH, NC 27612-0520  
(919) 790-6720  
FAX (919) 790-6125  
e-mail: PPS@ASLB.com



Web Page:  
[www.ncsl.com](http://www.ncsl.com)

**Attendance Certification**

This course has been accepted by the  
North Carolina Alarm Systems Licensing Board  
to meet continuing education requirements for license and  
registration renewal.

Course Name: **Perimeter & Interior Sensors**

Course Number: **ASLB-17-254**

Date of Course: **5/9/2017**

Control Number: **0-000-004-040**

To be completed by course sponsor

Credit Hours: 1 (not to exceed 6.00)

Person Taking Course: George Brubaker

I hereby certify that the person whose name appears on this attendance  
certificate, completed the above indicated course.

Instructor's Name: Kyle Brashers

Certification Number: 175-CEA

Signature of Instructor: [Signature]

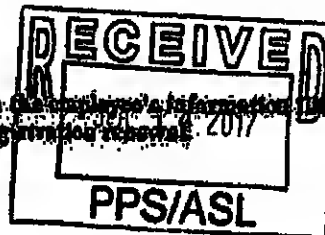
Date: 7/14/17

To be completed by participant

Signature of Participant: [Signature]

License Number or Social Security Number: 521-USA

This certification must be kept by the employer in the employee's information file and included with their Renewal  
registration renewal.





**NORTH CAROLINA  
ALARM SYSTEMS LICENSING BOARD**

1001 GLENWOOD AVENUE  
SUITE 200  
RALEIGH, N.C. 27612-0000  
(919) 786-0000  
FAX (919) 786-0000  
E-mail: PPSASL@ncsl.gov



Web Page  
[www.ncsl.gov/alaslb.aspx](http://www.ncsl.gov/alaslb.aspx)

**Attendance Certification**

This course has been accepted by the  
North Carolina Alarm Systems Licensing Board  
to meet continuing education requirements for license and  
registration renewal.

Course Name: An Advanced Perspective of Residential Application & Layout

Course Number: ASLB-IT-2516

Date of Course: 5/3/2017

Control Number: 0-000-004-048

To be completed by course provider:

Credit Hours: 1 (maximum 6.00)

Person Taking Course: George B. Smith

I hereby certify that the person, whose name appears on this attendance  
certificate, completed the above indicated course.

Instructor's Name: Kathleen Bracken

Certification Number: 175-CSA

Signature of Instructor: [Signature]

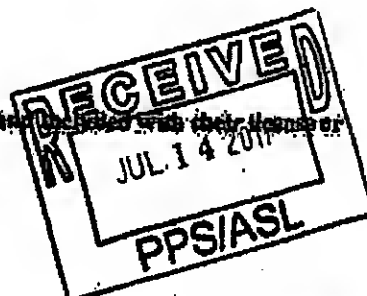
Date: 7/14/2017

To be completed by participant:

Signature of Participant: [Signature]

License Number or Social Security Number: 521-CSA

This certification must be kept by the employer to the employee's information file and included with their license or  
registration renewal.





**NORTH CAROLINA  
ALARM SYSTEMS LICENSING BOARD**

4801 GLENWOOD AVENUE  
SUITE 200  
RALEIGH, N.C. 27612-0990  
(919) 788-5320  
FAX (919) 788-5405  
Email: PPSASL@ncsl.com



Web Page:  
[www.ncsl.com/aslb](http://www.ncsl.com/aslb)

**Attendance Certification**

This course has been accepted by the  
North Carolina Alarm Systems Licensing Board  
to meet continuing education requirements for license and  
registration renewals.

Course Name:

An Advanced Perspective of Commercial Application & Layout

Course Number: ASLB-17-356

Date of Course: 5/2/2017

Control Number: 0-000-004-048

To be completed by course sponsor

Credit Hours: 1 (not to exceed 5.00)

Person Taking Course: George Bush  
(Printed Name)

I hereby certify that the person, whose name appears on this attendance  
certificate, completed the above indicated course.

Instructor's Name: Kaleb Haskins

Certification Number: 175-CEA

Signature of Instructor: [Signature]

Date: 7/14/2017

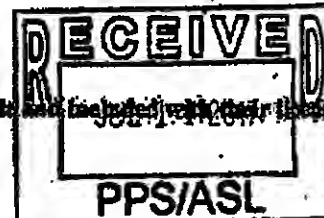
To be completed by participant

Signature of Participant: [Signature]

License Number or Social Security Number:

5-21-CEA

This certification must be kept by the employer to the employer's information file and included with their license or  
registration renewal.





**NORTH CAROLINA  
ALARM SYSTEMS LICENSING BOARD**

1201 CLEMMONS AVENUE  
SUITE 200  
RALEIGH, NC 27612-0500  
(919) 778-5425  
FAX (919) 778-5426  
e-mail: PPSASL@ncsl.gov



Web Page:  
www.ncsl.gov/aslb

**Attendance Certification**

This course has been accepted by the  
North Carolina Alarm Systems Licensing Board  
to meet continuing education requirements for license and  
registration renewals.

Course Number: **ASLB-17-248**  
**An Expert Approach to Commercial Interior Detection**

Course Number: **ASLB-17-248**

Date of Course: **5/8/2017**

Control Number: **D-000-004-048**

To be completed by course participant

Credit Hours: 1 (not to exceed 6.00)

Person Taking Course: George B. Smith  
(Printed or Typed)

I hereby certify that the person whose name appears on this attendance  
certificate, completed the above indicated course.

Instructor's Name: Kelish Brashers

Certification Number: 175-CEA

Signature of Instructor: [Signature]

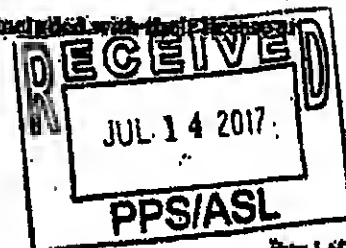
Date: 7/14/2017

To be completed by participant

Signature of Participant: [Signature]

License Number or Social Security Number: 521-CSA

This certification must be kept by the employer in the employer's information file and included with their license  
registration renewal.





**NORTH CAROLINA  
ALARM SYSTEMS LICENSING BOARD**

4801 GLENWOOD AVENUE  
SUITE 200  
RALEIGH, N.C. 27612-0000  
(919) 788-5320  
FAX (919) 788-5365  
e-mail: PPSASL@ncdoj.gov



Web Page  
[www.ncdoj.gov/asl.aspx](http://www.ncdoj.gov/asl.aspx)

**Attendance Certification**

This course has been accepted by the  
North Carolina Alarm Systems Licensing Board  
to meet continuing education requirements for license and  
registration renewals.

Course Name: An Advanced Perspective of System Programming

Course Number: ASLB-17-247

Date of Course: 5/8/2017

Control Number: 0-000-004-048

To be completed by course sponsor

Credit Hours: 1 (not to exceed 6.00)

Person Taking Course: George Bish

(printed or typed)

I hereby certify that the person, whose name appears on this attendance  
certificate, completed the above indicated course.

Instructor's Name: Kaleb Brashear

Certification Number: 175-CEA

Signature of Instructor: [Signature]

Date: 7/14/17

To be completed by participant

Signature of Participant: [Signature]

License Number or Social Security Number: 521-CSA

**RECEIVED**

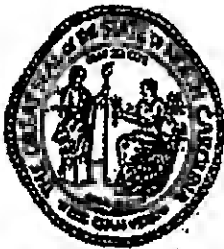
JUL 24 2017

**PPS/ASL  
RECEIVED**

This certification must be kept by the employer in the employee's information file and included with their  
registration renewal.

JUL 28 2017

**PPS/ASL**



**NORTH CAROLINA  
ALARM SYSTEMS LICENSING BOARD**

4981 GLENWOOD AVENUE  
SUITE 200  
RALEIGH, N.C. 27612-0020  
(919) 788-5320  
FAX (919) 788-5388  
e-mail: PPSASL@ncddi.gov



Web Page  
www.ncddi.gov/aslb.asp

**Attendance Certification**

This course has been accepted by the  
North Carolina Alarm Systems Licensing Board  
to meet continuing education requirements for license and  
registration renewals.

Course Name: An Expert Approach to Commercial Interior Detection

Course Number: ASLB-17-248

Date of Course: 5/8/2017

Control Number: 0-000-004-048

To be completed by course sponsor

Credit Hours: 1 (not to exceed 6.00)

Person Taking Course: George Bish  
(printed or typed)

I hereby certify that the person, whose name appears on this attendance  
certificate, completed the above indicated course.

Instructor's Name: Kaleb Brasher

Certification Number: 175-CEA

Signature of Instructor: [Signature]

Date: 7/14/2017

To be completed by participant

Signature of Participant: [Signature]

License Number or Social Security Number: 521-CSA

**RECEIVED**

JUL 22 2017

**PPS/ASL**

**RECEIVED**

JUL 24 2017

**PPS/ASL**

Page 1 of 1

This certification must be kept by the employer in the employee's information file and included with their license or  
registration renewal.





**NORTH CAROLINA  
ALARM SYSTEMS LICENSING BOARD**

4801 GLENWOOD AVENUE  
SUITE 200  
RALEIGH, N.C. 27612-0080  
(919) 788-5320  
FAX (919) 788-5386  
e-mail: PPSASL@ncdoj.gov



Web Page  
[www.ncdoj.gov/asl.asp](http://www.ncdoj.gov/asl.asp)

**Attendance Certification**

This course has been accepted by the  
North Carolina Alarm Systems Licensing Board  
to meet continuing education requirements for license and  
registration renewals.

Course Name: Perimeter & Interior Sensors

Course Number: ASLB-17-254

Date of Course: 6/9/2017

Control Number: 0-000-004-048

To be completed by course sponsor

Credit Hours: 1 (not to exceed 6.00)

Person Taking Course: George Bird

(printed or typed)

I hereby certify that the person, whose name appears on this attendance  
certificate, completed the above indicated course.

Instructor's Name: Kalch Brashear

Certification Number: 175-CEA

Signature of Instructor: [Signature]

Date: 7/14/17

To be completed by participant

Signature of Participant: [Signature]

License Number or Social Security Number: 521-LSA

**RECEIVED**

JUL 24 2017

PPS/ASL

This certification must be kept by the employer in the employee's information file and included with their license or  
registration renewal.



**NORTH CAROLINA  
ALARM SYSTEMS LICENSING BOARD**

4901 GLENWOOD AVENUE  
SUITE 200  
RALEIGH, N.C. 27612-0000  
(819) 788-5320  
FAX (819) 788-5385  
e-mail: PPSASL@ncdoj.gov



Web Page  
[www.ncdoj.gov/aslb.asp](http://www.ncdoj.gov/aslb.asp)

**Attendance Certification**

This course has been accepted by the  
North Carolina Alarm Systems Licensing Board  
to meet continuing education requirements for license and  
registration renewals.

Course Name: An Advanced Perspective of Residential Application & Layout

Course Number: ASLB-17-256

Date of Course: 5/3/2017

Control Number: 0-000-004-048

To be completed by course sponsor

Credit Hours: 1 (not to exceed 6.00)

Person Taking Course: George Brisl  
(printed or typed)

I hereby certify that the person, whose name appears on this attendance  
certificate, completed the above indicated course.

Instructor's Name: Kaleb Brashear

Certification Number: 175-CEA

Signature of Instructor: [Signature]

Date: 7/14/2017

To be completed by participant

Signature of Participant: [Signature]

License Number or Social Security Number: 521-CSA

**RECEIVED**  
JUL 24 2017  
PPS/ASL

This certification must be kept by the employer in the employee's information file and included with their license or  
registration renewal.



**NORTH CAROLINA  
ALARM SYSTEMS LICENSING BOARD**

4901 GLENWOOD AVENUE  
SUITE 200  
RALEIGH, N.C. 27612-0000  
(919) 788-5320  
FAX (919) 788-5305  
e-mail: PPSASL@ncdoj.gov



Web Page  
[www.ncdoj.gov/asl.aspx](http://www.ncdoj.gov/asl.aspx)

**Attendance Certification**

This course has been accepted by the  
North Carolina Alarm Systems Licensing Board  
to meet continuing education requirements for license and  
registration renewals.

Course Name:

An Advanced Perspective of Commercial Application & Layout

Course Number: ASLB-17-258

Date of Course: 5/2/2017

Control Number: 0-000-004-048

To be completed by course sponsor

Credit Hours: 1 (not to exceed 5.00)

Person Taking Course: George Bish  
(printed or typed)

I hereby certify that the person, whose name appears on this attendance  
certificate, completed the above indicated course.

Instructor's Name: Kaleb Brashear

Certification Number: 173-CEA

Signature of Instructor: [Signature]

Date: 7/14/2017

To be completed by participant

Signature of Participant: [Signature]

License Number or Social Security Number:

521-CSA

**RECEIVED**

JUL 24 2017

PPS/ASL

This certification must be kept by the employer in the employee's information file and included with their license or  
registration renewal.



**NORTH CAROLINA  
ALARM SYSTEMS LICENSING BOARD**

3101 Industrial Drive • Suite 104  
Raleigh, North Carolina 27609  
Phone: (919) 788-5320 • Fax: (919) 788-5365  
E-Mail: [PPSASL@ncdps.gov](mailto:PPSASL@ncdps.gov)  
Web Page: [www.ncdps.gov/ASL.aspx](http://www.ncdps.gov/ASL.aspx)



**LICENSE APPLICANT  
FINANCIAL RESPONSIBILITY LIABILITY INSURANCE CERTIFICATE**

THIS IS TO CERTIFY THAT: ZURICH AMERICAN INSURANCE COMPANY

(INSURANCE COMPANY)

MAILING ADDRESS: 1299 ZURICH WAY SCHAUMBURG IL 60196

(Po Box or Street)

(City)

(State)

(Zip)

HAS REVIEWED NORTH CAROLINA GENERAL STATUTE 74D-9(d),(e) & (f), AND HAS ISSUED AND HAS COVERAGE FOR:

NAME OF LICENSEE: George Bish

HOME ADDRESS

(Po Box or Street)

(City)

(State)

(County)

(Zip)

COMPANY BUSINESS NAME: Ring Protect Inc.

MAILING ADDRESS: 1523 26th Street Santa Monica CA 90404

(Po Box or Street)

(City)

(State)

(Zip)

...AN INSURANCE POLICY PROVIDING AT LEAST THE FOLLOWING MINIMUM LIMITS OF PUBLIC LIABILITY COVERAGE, AS AUTHORIZED BY G.S. 74D-9(d) OBLIGATED TO PAY AS A RESULT OF THE NEGLIGENT ACT OR ACTS OF THE PRINCIPAL INSURED OR HIS AGENTS OPERATING IN THE COURSE AND SCOPE OF THEIR AGENCY: BODILY INJURIES - \$50,000 FOR ONE PERSON AND \$100,000 FOR TWO OR MORE PERSONS, EACH OCCURRENCE; PROPERTY DAMAGE - \$20,000 EACH OCCURRENCE.

THE INSURANCE OR SURETY COMPANY SHALL GIVE AT LEAST THIRTY (30) DAYS WRITTEN NOTICE BY REGISTERED MAIL TO THE ALARM SYSTEMS LICENSING BOARD, 3101 INDUSTRIAL DRIVE, STE 104, RALEIGH, NORTH CAROLINA 27609, AS A CONDITION PRECEDENT TO THE CANCELLATION, MATERIAL CHANGE, OR CANCELLATION BY THE INSURED; AND, IF SUCH CONDITION IS NOT SATISFIED, ANY CANCELLATION OR ATTEMPTED CANCELLATION SHALL BE NULL, VOID, AND OF NO EFFECT.

THIS CERTIFICATE FOR POLICY NUMBER: GLO 7367714-00

IS EFFECTIVE FROM JANUARY 1ST, 20 19 TO JANUARY 1ST, 20 20

**AUTHORIZATION**

INSURANCE AGENT PRINTED NAME Todd Slabinger SIGNATURE Todd Slabinger INSURANCE LICENSE NUMBER

INSURANCE AGENCY NAME: Zurich American Insurance Company PHONE NUMBER: (800) 382-2150

AGENCY ADDRESS: 1299 Zurich Way Schaumburg IL Cook 60196

(Po Box or Street)

(City)

(State)

(County)

(Zip)

THE ABOVE WAS SWORN AND SUBSCRIBED TO BEFORE ME THIS

The                      Day of                     , 20                     

Notary Public

My Commission Expires:

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California  
County of San Francisco

Subscribed and sworn to (or affirmed) before me on this 14th  
day of August, 2019, by Todd Statten

proved to me on the basis of satisfactory evidence to be the  
person(s) who appeared before me.



(Seal)

Signature

Shanna Artherton

LICENSE NUMBER

SP.FA/LV.13717

STATE OF NORTH CAROLINA

BOARD OF EXAMINERS OF ELECTRICAL CONTRACTORS

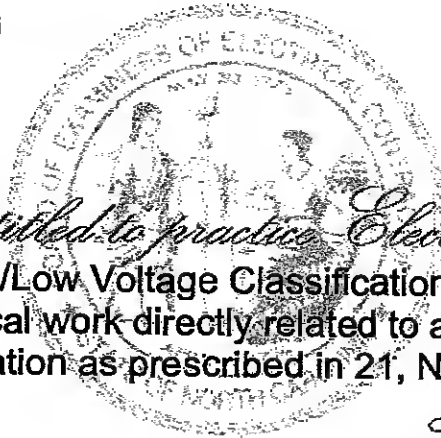
EXPIRATION DATE

11/14/2019

**THIS IS TO CERTIFY THAT:**

Ring Protect Inc.

George Jennings Bish



*is duly registered and entitled to practice Electrical Contracting in the*

Special Restricted Fire Alarm/Low Voltage Classification License

Limitation: Limited to electrical work directly related to a fire alarm, burglar alarm or low voltage system installation as prescribed in 21, NCAC 18B .0804

Ring Protect Inc.

33 Mary Circle

Concord, NC 28025

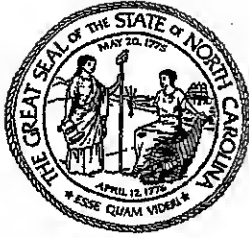
*Witness our hands and seal of the Board*

*Paul E. Hiff*

*Jim Norman*

*Chairman*

*Secretary - Treasurer*



**NORTH CAROLINA  
ALARM SYSTEMS LICENSING BOARD**  
3101 Industrial Drive • Suite 104  
Raleigh, North Carolina 27609  
Phone: (919) 788-5320 • Fax: (919) 788-5365  
E-mail: [PPSASL@ncdps.gov](mailto:PPSASL@ncdps.gov)



**Attendance Certification**

**This course has been accepted by the  
North Carolina Alarm Systems Licensing Board  
to meet continuing education requirements for license and  
registration renewals.**

**Course Name:** ASLB Registration Procedures  
**Course Number:** ASLB-07-262  
**Date of Course:** 5/2/2019

**To be completed by course sponsor**

**Credit Hours:** 3 (not to exceed 3.00)

**Person Taking Course:** George Bish  
(printed or typed)

*I hereby certify that the person, whose name appears on this attendance  
certificate, completed the above indicated Course.*

**Instructor's Name:** Cynthia Anthony

**Certification number:** 235-CEA

**Signature of Instructor:** Cynthia Anthony **Date:** 5-2-19

**To be completed by participant**

**Signature of Participant:** [Signature]

**License Number or Social Security Number:** 521 CSA

**This certification must be kept by the employer in the employee's information file and  
included with their license or registration renewal.**



**NORTH CAROLINA  
ALARM SYSTEMS LICENSING BOARD**

3101 Industrial Dr., Suite 104  
Raleigh, NC 27609



**Attendance Certification**

This course has been accepted by the  
North Carolina Alarm Systems Licensing Board  
to meet continuing education requirements for license and  
registration renewals.

Course Name: False Alarm Prevention for the Alarm Technician

Course Number: ASLB 12-776

Date of Course: *May 21, 2019*

Control Number: 0-000-000-895

To be completed by course sponsor

Credit Hours: 3 (not to exceed 3.00)

Person Taking Course: George Bish  
(printed or typed)

I hereby certify that the person, whose name appears on this attendance  
certificate, completed the above indicated Course.

Instructor's Name: David Burt

Certification Number: 106-CEA

Signature of Instructor: *David Burt*

Date: May 21, 2019

To be completed by participant

Signature of Participant: *[Signature]*

License Number or Social Security Number:

521 CSA

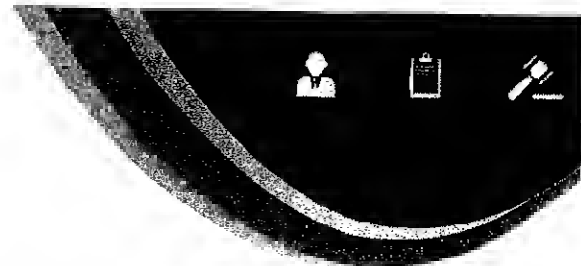
This certification must be kept by the employer in the employee's information file and included with their license or  
registration renewal.





CRIMINALRECORDCHECK.COM

# ASLB/PPSB Licensing Criminal Record Checks



Date Received: 06/17/2019

Date Completed: 06/20/2019

Payment Received:  
06/17/2019

Research Completed By: ID#  
110808

Order Confirmation# C151654

## Personal Information:

Name: George Jennings Bish

Date of Birth:

SSN:

Driver's Licenses

NC

## Addresses for Places of Residence

1.

## Addresses for Places of Employment

1. 1523 26th Street, Santa Monica, CA, 90404- (5/2017 - 6/2019)

## Addresses for Schools Attended

## Social Security Number Verifier Results:

State Issued: PENNSYLVANIA

Year Issued: 1969-1971

Death Index: NO ENTRY FOUND

Names on File: BISH GEORGE  
JENNINGS

## Address Section:

GEORGE JENNINGS BISH

DADEHUS COUNTY

07/01/1989 - 06/19/2019

## Jurisdiction(s) Searched:

California - Los Angeles

North Carolina Statewide Search

## Criminal Background Check:

California - Los Angeles

\*Clear\*

North Carolina Statewide Search



\*Clear\*



**Please contact our offices directly if you wish to dispute any information returned within this Criminal Record Check.**

**By Mail**

PO Box 9098  
Raleigh, NC 27675-0998

**By Phone**

Local - 919-459-1029  
Toll Free - (877) 272-0266

**By Fax**

Toll Free - (800) 650-5992

**By Email**

licensing@mycrc.com

Please locate the security token on your home page and copy it into the Permitium system to provide this report to the ASLB/PPSB.

Reports are archived after 60 days. If reports need to be accessed after 60 days, please contact us directly using one of the methods provided above.



## Anthony, Cynthia

---

**From:** George Bish <george.bish@ring.com>  
**Sent:** Tuesday, July 11, 2017 10:07 AM  
**To:** Woodard, Wayne  
**Cc:** Stephenson, Phillip; Anthony, Cynthia  
**Subject:** Re: Ring Protect Inc Application

Wayne, thank you for the quick response.

On Tue, Jul 11, 2017 at 9:47 AM, Woodard, Wayne <[wayne.woodard@ncdps.gov](mailto:wayne.woodard@ncdps.gov)> wrote:

Mr. Bish,

Cynthia Anthony has been promoted to Nan's old position and is the Alarm Board secretary. I am copying her and Phil Stephenson, the Field Services Supervisor. The request would have been assigned to Phil's Section for review and preparation for the Board meeting. He can let you know when it should be going to the Board.

Wayne Woodard, Interim Director

Private Protective Services

North Carolina Department of Public Safety

(984) 220-8625

**From:** George Bish [mailto:[george.bish@ring.com](mailto:george.bish@ring.com)]  
**Sent:** Tuesday, July 11, 2017 8:29 AM  
**To:** Woodard, Wayne  
**Subject:** Ring Protect Inc Application

Mr Woodard,

Since Nan is no longer there, I'm not sure who to ask about when the application for Ring Protect Inc with me as a QA is/will be scheduled to go before the screening committee? Who would be able to let me know?

## Anthony, Cynthia

---

**From:** George Bish <george.bish@ring.com>  
**Sent:** Friday, July 21, 2017 10:43 AM  
**To:** Anthony, Cynthia; Kate Fisher; Crystal Willis  
**Subject:** Re: Ring Protect Inc Application

Crystal, has all documents been submitted

Sent from my iPhone

On Jul 21, 2017, at 10:10 AM, Anthony, Cynthia <[cynthia.anthony@ncdps.gov](mailto:cynthia.anthony@ncdps.gov)> wrote:

Mr. Bish,  
Have you submitted the updated paperwork?  
Thanks,  
Cynthia Anthony

---

**From:** Anthony, Cynthia  
**Sent:** Tuesday, July 11, 2017 7:52 PM  
**To:** 'George Bish'; Woodard, Wayne  
**Cc:** Stephenson, Phillip  
**Subject:** RE: Ring Protect Inc Application

Hi Mr. Bish,

We received your paperwork on Monday, 7/10/17.

In order to do a license change from Mastec North America, Inc. to Ring Protect Inc., I will need the following:

- Copy of the NC Electrical License in the new name. *-received*
- Complete the attached liability insurance form - *needs to be resubmitted- the liability form needs to reflect your full legal name and the company's full legal name along with the North Carolina address.*
- Submit a check in the amount of \$375.00 for surrender of current license and reissue of a new license. *received*
- Please submit your current home address, home telephone number, email address, and cell number on separate sheet
- Submit a current original criminal history check from the Clerk of Courts Office of the county in which you reside.
- Must submit 6 hours of continuing education. Must take our approved courses which are on our web page for you to contact directly.

- Submit your previous wall license, company business license and hand credentials.
- Please advise the last date you worked for your previous employer.
- You may not advertise or conduct any business under your new company name until you have received a new license in hand in the new company name.

\*\*\*\*\*REMEMBER: Because you reside in North Carolina, the physical/mailling address on the qualifying agent and company business application (#3 and #4) and the liability insurance form must all reflect the North Carolina address.

Thanks,  
Cynthia Anthony  
Private Protective Services Board  
Alarm Systems Licensing Board  
3101 Industrial Drive, Suite 104  
Raleigh, North Carolina-27609  
984-220-8621  
E-mail - [cynthia.anthony@ncdps.gov](mailto:cynthia.anthony@ncdps.gov)

From: George Bish [<mailto:george.bish@ring.com>]  
Sent: Tuesday, July 11, 2017 10:07 AM  
To: Woodard, Wayne  
Cc: Stephenson, Phillip; Anthony, Cynthia  
Subject: Re: Ring Protect Inc Application

Wayne, thank you for the quick response.

On Tue, Jul 11, 2017 at 9:47 AM, Woodard, Wayne <[wayne.woodard@ncdps.gov](mailto:wayne.woodard@ncdps.gov)> wrote:

Mr. Bish,

Cynthia Anthony has been promoted to Nan's old position and is the Alarm Board secretary. I am copying her and Phil Stephenson, the Field Services Supervisor. The request would have been assigned to Phil's Section for review and preparation for the Board meeting. He can let you know when it should be going to the Board.

Wayne Woodard, Interim Director

Private Protective Services

North Carolina Department of Public Safety

**Anthony, Cynthia**

---

**From:** George Bish <george.bish@ring.com>  
**Sent:** Tuesday, July 25, 2017 11:40 AM  
**To:** Anthony, Cynthia  
**Subject:** Ring Protect Inc app

Cynthia, are you in need of anything else for this application?

--

George Bish  
Director of Licensing & Compliance

1523 26th St  
Santa Monica, Ca 90404

George.Bish@ring.com  
980-521-8051 cell  
704-784-4776 home office

## Anthony, Cynthia

---

**From:** Crystal Willis <crystalwillis@compliancesolutions.us>  
**Sent:** Wednesday, July 12, 2017 11:11 AM  
**To:** Anthony, Cynthia  
**Cc:** 'Kate Fisher'  
**Subject:** FW: Ring Protect Inc Application  
**Attachments:** Qualifying Agent Form.pdf; ASLB Insurance Certificate.pdf; ASLB Company Business License.pdf

Hi, Cynthia. On the Financial Responsibility Liability Insurance Certificate will you allow the company business mailing address to be a California address? Also, can we mark through these requested changes on the Insurance Certificate and email you these changes?

Also, when is the next board meeting? When will you need to receive the papers in order to be scheduled for that board meeting?

Thanks,

**Crystal Willis**

[crystalwillis@compliancesolutions.us](mailto:crystalwillis@compliancesolutions.us)

[www.compliancesolutions.us](http://www.compliancesolutions.us)

Tel 704.288.1798

121 W Council Street, Suite 301 Salisbury, NC 28144



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----- Forwarded message -----

**From:** Anthony, Cynthia <[cynthia.anthony@ncdps.gov](mailto:cynthia.anthony@ncdps.gov)>

**Date:** Tue, Jul 11, 2017 at 7:52 PM

**Subject:** RE: Ring Protect Inc Application

**To:** George Bish <[george.bish@ring.com](mailto:george.bish@ring.com)>, "Woodard, Wayne" <[wayne.woodard@ncdps.gov](mailto:wayne.woodard@ncdps.gov)>

**Cc:** "Stephenson, Phillip" <[phillip.stephenson@ncdps.gov](mailto:phillip.stephenson@ncdps.gov)>

Hi Mr. Bish,

We received your paperwork on Monday, 7/10/17.

In order to do a license change from Mastec North America, Inc. to Ring Protect Inc., I will need the following:



- Copy of the NC Electrical License in the new name. *-received*
- Complete the attached liability insurance form - *needs to be resubmitted- the liability form needs to reflect your full legal name and the company's full legal name along with the North Carolina address.*
- Submit a check in the amount of \$375.00 for surrender of current license and reissue of a new license. *received*
- Please submit your current home address, home telephone number, email address, and cell number on separate sheet
- Submit a current original criminal history check from the Clerk of Courts Office of the county in which you reside.
- Must submit 6 hours of continuing education. Must take our approved courses which are on our web page for you to contact directly.
- Submit your previous wall license, company business license and hand credentials.
- Please advise the last date you worked for your previous employer.
- You may not advertise or conduct any business under your new company name until you have received a new license in hand in the new company name.

**\*\*\*\*\*REMEMBER:** Because you reside in North Carolina, the physical/mailling address on the qualifying agent and company business application (#3 and #4) and the liability insurance form must all reflect the North Carolina address.

**Anthony, Cynthia**

---

**From:** Crystal Willis <crystalwillis@compliancesolutions.us>  
**Sent:** Friday, July 21, 2017 10:47 AM  
**To:** 'George Bish'; Anthony, Cynthia; 'Kate Fisher'  
**Subject:** RE: Ring Protect Inc Application

Yes, per Fed Ex the package was received by the state this morning at 8:52.

Thanks,

**Crystal Willis**

[crystalwillis@compliancesolutions.us](mailto:crystalwillis@compliancesolutions.us)

[www.compliancesolutions.us](http://www.compliancesolutions.us)

Tel 704.288.1798

121 W Council Street, Suite 301 Salisbury, NC 28144



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---

**From:** George Bish [mailto:george.bish@ring.com]  
**Sent:** Friday, July 21, 2017 10:43 AM  
**To:** Anthony, Cynthia <cynthia.anthony@ncdps.gov>; Kate Fisher <katefisher@compliancesolutions.us>; Crystal Willis <crystalwillis@compliancesolutions.us>  
**Subject:** Re: Ring Protect Inc Application

Crystal, has all documents been submitted

Sent from my iPhone

On Jul 21, 2017, at 10:10 AM, Anthony, Cynthia <[cynthia.anthony@ncdps.gov](mailto:cynthia.anthony@ncdps.gov)> wrote:

Mr. Bish,  
Have you submitted the updated paperwork?  
Thanks,  
Cynthia Anthony

---

**From:** Anthony, Cynthia  
**Sent:** Tuesday, July 11, 2017 7:52 PM  
**To:** 'George Bish'; Woodard, Wayne  
**Cc:** Stephenson, Phillip  
**Subject:** RE: Ring Protect Inc Application

Hi Mr. Bish,

We received your paperwork on Monday, 7/10/17.

In order to do a license change from Mastec North America, Inc. to Ring Protect Inc., I will need the following:

- Copy of the NC Electrical License in the new name. *-received*
- Complete the attached liability insurance form - *needs to be resubmitted- the liability form needs to reflect your full legal name and the company's full legal name along with the North Carolina address.*
- Submit a check in the amount of \$375.00 for surrender of current license and reissue of a new license. *received*
- Please submit your current home address, home telephone number, email address, and cell number on separate sheet
- Submit a current original criminal history check from the Clerk of Courts Office of the county in which you reside.
- Must submit 6 hours of continuing education. Must take our approved courses which are on our web page for you to contact directly.
- Submit your previous wall license, company business license and hand credentials.
- Please advise the last date you worked for your previous employer.
- You may not advertise or conduct any business under your new company name until you have received a new license in hand in the new company name.

**\*\*\*\*\*REMEMBER: Because you reside in North Carolina, the physical/mailling address on the qualifying agent and company business application (#3 and #4) and the liability insurance form must all reflect the North Carolina address.**

Thanks,  
Cynthia Anthony  
Private Protective Services Board  
Alarm Systems Licensing Board  
3101 Industrial Drive, Suite 104  
Raleigh, North Carolina-27609  
984-220-8621  
E-mail - [cynthia.anthony@ncdps.gov](mailto:cynthia.anthony@ncdps.gov)

From: George Bish [<mailto:george.bish@ring.com>]  
Sent: Tuesday, July 11, 2017 10:07 AM  
To: Woodard, Wayne  
Cc: Stephenson, Phillip; Anthony, Cynthia  
Subject: Re: Ring Protect Inc Application

## Anthony, Cynthia

---

**From:** Crystal Willis <crystalwillis@compliancesolutions.us>  
**Sent:** Wednesday, July 26, 2017 11:18 AM  
**To:** Anthony, Cynthia  
**Subject:** FW: Ring Protect Inc Application

Hi, Cynthia. Can you give me a status of the above referenced application?

Thanks in advance for all your help!

### Crystal Willis

[crystalwillis@compliancesolutions.us](mailto:crystalwillis@compliancesolutions.us)

[www.compliancesolutions.us](http://www.compliancesolutions.us)

Tel 704.288.1798

121 W Council Street, Suite 301 Salisbury, NC 28144



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**From:** Crystal Willis [mailto:crystalwillis@compliancesolutions.us]  
**Sent:** Friday, July 21, 2017 10:47 AM  
**To:** 'George Bish' <george.bish@ring.com>; 'Anthony, Cynthia' <cynthia.anthony@ncdps.gov>; 'Kate Fisher' <kate.fisher@compliancesolutions.us>  
**Subject:** RE: Ring Protect Inc Application

Yes, per Fed Ex the package was received by the state this morning at 8:52.

Thanks,

### Crystal Willis

[crystalwillis@compliancesolutions.us](mailto:crystalwillis@compliancesolutions.us)

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## Anthony, Cynthia

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**From:** Crystal Willis <crystalwillis@compliancesolutions.us>  
**Sent:** Monday, August 07, 2017 11:36 AM  
**To:** Anthony, Cynthia  
**Cc:** 'Kate Fisher'  
**Subject:** RE: Ring Protect Inc Application  
**Attachments:** Revised Designation of QA.pdf; Revised Company Application.pdf

Hi, Cynthia. Please see attached the revised applications. I will mail the originals as soon as possible.

Thanks,

**Crystal Willis**

[crystalwillis@compliancesolutions.us](mailto:crystalwillis@compliancesolutions.us)

[www.compliancesolutions.us](http://www.compliancesolutions.us)

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**From:** Anthony, Cynthia [mailto:cynthia.anthony@ncdps.gov]  
**Sent:** Thursday, July 27, 2017 10:03 AM  
**To:** Crystal Willis <crystalwillis@compliancesolutions.us>  
**Subject:** RE: Ring Protect Inc Application

Hi Crystal,

I do not see where you included the updated company business application and updated qualifying agent form.

I will need for Mr. Bish to complete the qualifying agent form and the company business license application. Once complete, you can email me them back to me and mail me the originals.

**\*\*\*\*\*REMEMBER:** Because he resides in North Carolina, the physical/ mailing address on the qualifying agent and company business application (#3 and #4) must all reflect the North Carolina address.

Thanks,  
Cynthia Anthony  
Private Protective Services Board  
Alarm Systems Licensing Board  
3101 Industrial Drive, Suite 104  
Raleigh, North Carolina-27609

**Anthony, Cynthia**

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**From:** Crystal Willis <crystalwillis@compliancesolutions.us>  
**Sent:** Tuesday, August 22, 2017 9:19 AM  
**To:** Anthony, Cynthia  
**Subject:** RE: Ring Protect Inc Application

So, you have received everything you need from Ring Protect, Inc. and George Bish to issue both licenses?

I just want to make sure.

Thanks,

**Crystal Willis**

[crystalwillis@compliancesolutions.us](mailto:crystalwillis@compliancesolutions.us)

[www.compliancesolutions.us](http://www.compliancesolutions.us)

Tel 704.288.1798

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**From:** Anthony, Cynthia [mailto:cynthia.anthony@ncdps.gov]  
**Sent:** Monday, August 14, 2017 7:45 PM  
**To:** Crystal Willis <crystalwillis@compliancesolutions.us>  
**Cc:** 'George Bish' <george.bish@ring.com>; 'Kate Fisher' <katefisher@compliancesolutions.us>; 'Katie McAlister' <katie.mcalister@compliancesolutions.us>  
**Subject:** RE: Ring Protect Inc Application

Hi Crystal,

I received the notarized one in the mail. Mr. Bish's new license (Ring Protect Inc.) has been issued.

Thanks,

Cynthia Anthony

Private Protective Services Board

Alarm Systems Licensing Board

3101 Industrial Drive, Suite 104

Raleigh, North Carolina-27609

984-220-8621

E-mail - [cynthia.anthony@ncdps.gov](mailto:cynthia.anthony@ncdps.gov)

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**From:** Crystal Willis [<mailto:crystalwillis@compliancesolutions.us>]  
**Sent:** Friday, August 11, 2017 7:00 PM  
**To:** Anthony, Cynthia  
**Cc:** 'George Bish'; 'Kate Fisher'; 'Katie McAlister'  
**Subject:** FW: Ring Protect Inc Application  
**Importance:** High

Hi, Cynthia. I received the Designation of Qualifier that has been signed by the president of the company. I noticed that his signature has not been notarized. Will you accept the non-notarized original signature on this form or do we need to get the officer's signature notarized before submitting?

Thanks for all your help.

**Crystal Willis**

[crystalwillis@compliancesolutions.us](mailto:crystalwillis@compliancesolutions.us)

[www.compliancesolutions.us](http://www.compliancesolutions.us)

Tel 704.288.1798

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**From:** Crystal Willis [<mailto:crystalwillis@compliancesolutions.us>]  
**Sent:** Monday, August 7, 2017 11:36 AM  
**To:** 'Anthony, Cynthia' <[cynthia.anthony@ncdps.gov](mailto:cynthia.anthony@ncdps.gov)>  
**Cc:** 'Kate Fisher' <[katefisher@compliancesolutions.us](mailto:katefisher@compliancesolutions.us)>  
**Subject:** RE: Ring Protect Inc Application

Hi, Cynthia. Please see attached the revised applications. I will mail the originals as soon as possible.

Thanks,

**Crystal Willis**

[crystalwillis@compliancesolutions.us](mailto:crystalwillis@compliancesolutions.us)

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**Anthony, Cynthia**

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**From:** George Bish <george.bish@ring.com>  
**Sent:** Tuesday, February 06, 2018 8:00 AM  
**To:** SVC\_DPS.PPSM  
**Subject:** [External] Information for log in

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Company Name: Ring Protect Inc.  
BPN#: 008755P11  
QA name: George Bish  
Phone #: 980-521-8051  
Email: [george.bish@ring.com](mailto:george.bish@ring.com)

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George Bish Director of Licensing & Compliance



1523 26th St  
Santa Monica, CA 90404

[george.bish@ring.com](mailto:george.bish@ring.com)  
980-521-8051 cell  
704-784-4776 home office

LA Times: [Ring modernized the doorbell, then went to war against crime](#)  
USA Today: [Police say crime drops with video doorbell](#)  
LAPD Crime Study: [Ring Partners with LAPD to Reduce Crime in Wilshire Park](#)  
Shark Tank: [Shark Tank's Biggest Company](#) (password: ring)  
Attachments area  
[Preview YouTube video Reducing Crime in Ring Neighborhoods](#)



[Reducing Crime in Ring Neighborhoods](#)